

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590175

FILING DATE

30 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	(1)		/			
5	(1)		/			
6	(1)		/			
7	(1)		/			
8	(1)		/			
9	(1)		/			
10	(1)		/			
11	(1)		/			
12	(1)		/			
13	(1)		/			
14	(1)		/			
15	(1)		/			
16	(1)		/			
17	(1)		/			
18	(1)		/			
19	(1)		/			
20	(1)		/			
21	(1)		/			
22	(1)		/			
23	(1)		/			
24	(1)		/			
25	(1)		/			
26	(1)		/			
27	(1)		/			
28	(1)		/			
29	(1)		/			
30	(1)		/			
31	(1)		/			
32	(1)		/			
33	(1)		/			
34	(1)		/			
35	(1)		/			
36	(1)		/			
37	(1)		/			
38	(1)		/			
39	(1)		/			
40	(1)		/			
41	(1)		/			
42	(1)		/			
43	(1)		/			
44	(1)		/			
45	(1)		/			
46	(1)		/			
47	(1)		/			
48	(1)		/			
49	(1)		/			
50	(1)		/			
TOTAL IND.	/		/			
TOTAL DEP.	62	←	64	←	←	
TOTAL CLAIMS	63	[REDACTED]	65	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			(1)		/	
52			(1)		/	
53			(1)		/	
54			(1)		/	
55			(1)		/	
56			(1)		/	
57			(1)		/	
58			(1)		/	
59			(1)		/	
60			(1)		/	
61			(1)		/	
62			(1)		/	
63			(1)		/	
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	